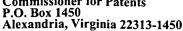
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE **Commissioner for Patents** P.O. Box 1450



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nppropriate. All further com indicated unless corrected b maintenance fee notification	espondence including the legion or directed otherwise s.	in Block 1, by (a) specifying	a new correspondence address	; and/or (b) indicating a sepa	arate "FEE ADDRESS" for
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23599 75 MILLEN, WHITI 2200 CLARENDO SUITE 1400 ARLINGTON, VA	E, ZELANO & BRA N BLVD.	NIGANAPIC	Certify that the States Postal Service	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.		
JAN 2						(Depositor's name)
A PENS					· ·	(Signature)
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APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/611,854	07/03/2003		Melanie Klas	sen-Memmer	MERCK-2718	3897
TITLE OF INVENTION: LI	QUID-CRYSTALLINE M	EDIUM				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370		\$300	\$1670	02/08/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS]	
WU, SHEAN CHIU 175				428-001100		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneyllen. White, Zelano, Branigan, P. or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
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PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will app T a substitute	pear on the patent. If an assign for filing an assignment.	nee is identified below, the d	ocument has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUN 101/26/2005 HBIZUNE2 00000041 1061185						
Merck Patent GmbH			Da	ermstadt, Germany	02 FC:1504	1400.00 (300.00 (
Please check the appropriate	assignee category or catego	ries (will not be pr	inted on the p	oatent): 🗖 Individual 💆 C	orporation or other private gro	oup entity Government
a. The following fee(s) are	enclosed:	41	Payment of	• • • • • • • • • • • • • • • • • • • •	0.	
				A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached.		
Advance Order - # of		ea)	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 13-3402 (enclose an extra copy of this form).			
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_	(from status indicated above MALL ENTITY status. See		☐ b. Applic	cant is no longer claiming SMA	LL ENTITY status. See 37 C	FR 1.27(g)(2).
The Director of the USPTO in NOTE: The Issue Fee and Punterest as shown by the reco	s requested to apply the Issu ablication Fee (if required) was of the United States Pate	ue Fee and Publica will not be accepted and Trademark	tion Eee (if an I from anyon Office.	ny) or to re-apply any previousle other than the applicant; a reg	y paid issue fee to the applica istered attorney or agent; or th	ation identified above. ne assignee or other party in
Authorized Signature				Date	1/24/05	
Typed or printed name John A. Sopp				Registration	No33,103	<u> </u>

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